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CONFIRMATION NO. 2172

SERIAL NUMBER 10/509,694	FILING OR 371(c) DATE 09/26/2005 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 58719(71699)
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/09939 03/29/2003  
 which claims benefit of 60/368,846 03/29/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	8	20	1
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

21874

## TITLE

Intraventricular hemorrhage thrombolysis

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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